MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1974

01960

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville Rt 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Elizabeth (Middle) W (Last) Baker

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec 11, 1903

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard W. White

14. MOTHER'S MAIDEN NAME: Laura B. Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Walter B. Baker, husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Anemia

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pyelonephritis

DUE TO (C) Carcinoma of cervix

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:55 AM, from the causes and on the date stated above.

SIGNATURE Walter Bennett M. D. ADDRESS Canton DATE SIGNED 2 Feb 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/22/55

NAME OF CEMETERY OR CREMATORY Stevensville

LOCATION (City, town, or county) (State) Church Hill, Md.

DATE REC'D BY LOCAL REGISTRAR 2/20/55

REGISTRAR'S SIGNATURE N. A. Merrey

24. FUNERAL DIRECTOR Edgar E Lane, ADDRESS

1975

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01961

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 40
HOSPITAL OR ~~INSTITUTION OR~~ ~~STREET ADDRESS~~: Memorial 80

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton 40
STREET ADDRESS (If rural, give location): 120 Higgins St.

3. NAME OF DECEASED (Type or Print): (First) Priscilla (Middle) Virginia (Last) Benson

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 19, 1943

9. AGE last birthday: 11 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hard Benson

14. MOTHER'S MAIDEN NAME: Bessie Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Gladys Roberts Benson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

933.0 **Immediate cause** (a) Extreme exposure to freezing

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Weather

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home Property — (CITY OR TOWN) — (COUNTY) 20 — (STATE)

TIME OF INJURY (Month) 2 (Day) 12 (Year) 55 (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☒ 1

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Louis Welty — (Degree or title) MD DME — ADDRESS: Easton Md — DATE SIGNED: 2-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-16-55 — NAME OF CEMETERY OR CREMATORY: Richards — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG. 2-12-55 — REGISTRAR'S SIGNATURE: M. L. Reeves

24. FUNERAL DIRECTOR: James B. Churchill — ADDRESS: Easton, Md.

01962

MARYLAND 1986

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Md.
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ~~St. Michaels~~ Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Harper (Last) Bouden

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 55 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 12.24.1870

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Talbot County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Bouden

14. MOTHER'S MAIDEN NAME: Mrs. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Larcy Dennis, St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X

Immediate cause (a) Acute parenchymatous Nephritis — Interval Between Onset and Death: 6 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypatension — 1-2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1 55, to Feb. 1 55, that I last saw the deceased alive on 2/1 55, and that death occurred at 6:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maynard T. Mott M.D. ADDRESS Easton, Md. DATE SIGNED 1-2-55

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) DATE 2.3.55 NAME OF CEMETERY OR CREMATORY Old Cemetary, St. Michaels LOCATION (City, town, or county) (State) St. Michaels, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 3, 1955 REGISTRAR'S SIGNATURE Mrs Robt. H. Leth

24. FUNERAL DIRECTOR ADDRESS NORMAN D. MARSHALL, St. Michaels, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01963

1976

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 5da 8hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) JAMES (Middle) ORLAND (Last) BRADLEY

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 9 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Mr. Otis Bradley

14. MOTHER'S MAIDEN NAME: Ranie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. 214-16-4494

17. INFORMANT & ADDRESS: Mr Leng Bradley (Son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Intestinal Obstruction due to Gangrene

ANTECEDENT CAUSE (S) (B) Strangulated hernia due to

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 561.5

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3

19B. MAJOR FINDINGS OF OPERATION: Peritonitis, gangrene of ileum & colon

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1955, to 2-10, 1955, that I last saw the deceased alive on 2-10, 1955, and that death occurred at 12:37 AM, from the causes and on the date stated above.

SIGNATURE C. N. Ahmed M. D. ADDRESS Easton DATE SIGNED 10 Feb. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2-13-55 NAME OF CEMETERY OR CREMATORY Dorchester Mem. Park LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-11-55 REGISTRAR'S SIGNATURE M. A. Meares

24. FUNERAL DIRECTOR J. J. Trampton Son ADDRESS Federalsburg Md

D.O.A - 01964

1987

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 29D

1. PLACE OF DEATH: COUNTY Talbot | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Nr EASTON | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA. Man. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Princess Anne COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne County
STREET ADDRESS (If rural, give location) 19X-2√

99

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willie		Britt	Feb	6	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Single	2/1/27	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farmer	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Britt	Betty Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Roxyanne White Norfolk Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
322.0 Immediate cause	(a) Aspiration Vomitus	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute alcoholism	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Schultz	M.D. DME	Easton Md	1-7-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/10/55	Princess Anne County	Norfolk	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/7/55	N.H. Merrill	James B. Dashiell	Easton, Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 19 Film G179 3-28-55 ams

03052

MARYLAND STATE DEPARTMENT OF HEALTH

1977

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 40 Easton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton 40
STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): (First) Cornelia (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 17, 1907

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Cooper

14. MOTHER'S MAIDEN NAME: Martha Hazelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James Brown Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

570.2 Immediate cause (a) Therapeutic misadventure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hernia due to intestinal obstruction — 4 days

(c) Pulmonary atelectasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ?

19b. MAJOR FINDINGS OF OPERATION: Gangrene of the gut & peritonitis

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Louis Mettee — (Degree or title): M.D. M.C. — ADDRESS: Easton Md — DATE SIGNED: 3-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/2/55 — NAME OF CEMETERY OR CREMATORY: Centreville — LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG.: 2-25-55 — REGISTRAR'S SIGNATURE: M. H. Merrick — 24. FUNERAL DIRECTOR: Burton Bros. — ADDRESS: Centreville, Maryland

1988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01965

CERTIFICATE OF DEATH

Reg. Dist. No. 291

Item 4, FilmG177 2-17-55 et

1. PLACE OF DEATH
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) 108 Chestnut St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) E. M. (Last) Chamberlain

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 1886

9. AGE last birthday 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fishing Lure Manufacturer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Easton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph E.M Chamberlain

14. MOTHER'S MAIDEN NAME Bruce Rixey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 214-32-7458

17. INFORMANT AND ADDRESS Nicols Hardcastle St. Michaels

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9768

Immediate cause (a) Gunshot wound - head — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) St. Michaels (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 10 1955 1?m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-10, 1955, to 2-10, 1955, that I last saw the deceased alive on 2-10, 1955, and that death occurred at 1?? A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature illegible] MD St Michaels Md 2-11-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb 12 1955

NAME OF CEMETERY OR CREMATORY Springhill Cemetery

LOCATION (City, town, or county) Easton (State) MD

DATE REC'D BY LOCAL REG. Feb 14 55

REGISTRAR'S SIGNATURE [signature illegible]

24. FUNERAL DIRECTOR Hamilton Harrison ADDRESS St. Michaels Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01966

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL-EASTON
LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 GOLDSBORO CREEK

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-EASTON X
STREET ADDRESS (If rural, give location) GOLDSBORO CREEK 1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) OCTAVIUS (Last) DIFFENDERFER
4. DATE OF DEATH: (Month) FEB. (Day) 26 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB. 22, 1884
9. AGE last birthday: 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENTLEMAN OF LEISURE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES ROSS DIFFENDERFER
14. MOTHER'S MAIDEN NAME: ANNA MATTHEWS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS: MRS. JEAN H. DIFFENDERFER, EASTON R.D. No

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.1 Coronary occlusion — Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from P.M., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis O'Melly MD
ADDRESS Easton Md
DATE SIGNED 2-26-55

23. BURIAL, CREMATION REMOVAL (Specify) CREMATION
DATE THEREOF FEB. 28, 1955
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMT.
LOCATION (City, town, or county) (State) BLADENSBURG, MARYLAND.

DATE REC'D BY LOCAL REG. 2/27/55
REGISTRAR'S SIGNATURE N. A. Neree
24. FUNERAL DIRECTOR W. Frampton Carroll
ADDRESS EASTON, MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01967

1990

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 10 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, Box 89

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) Louise (Last) Gibson

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/21/82

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Scott

14. MOTHER'S MAIDEN NAME: Eliza Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Donald Gibson, Oxford, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Essential hypertension — 6-8 mos

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1955 to Feb. 6, 1955, that I last saw the deceased alive on Feb. 6, 1955, and that death occurred at 1:30 P. M, from the causes and on the date stated above.

SIGNATURE Haywood T. Webb M. D. ADDRESS Easton Md. DATE SIGNED Feb 9, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 2/9/54 | NAME OF CEMETERY OR CREMATORY: Trappe Cemetery | LOCATION (City, town, or county) (State): Trappe Md.

DATE REC'D BY LOCAL REGISTRAR: 2/8/55 | REGISTRAR'S SIGNATURE: N.D. Meeris | 24. FUNERAL DIRECTOR: James B Dalwell ADDRESS: Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01968

1978

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Henrietta (Middle) (Last) Green

4. DATE OF DEATH: (Month) 2 (Day) 18 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 2-1916
9. AGE last birthday 4 4 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Raikes
14. MOTHER'S MAIDEN NAME: Rose Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Clifton Green Queenstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X IMMEDIATE CAUSE (A) Sub-acute glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:20 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 2-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 1955
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) (State) Queenstown Md

DATE REC'D BY LOCAL REGISTRAR 2-19-55
REGISTRAR'S SIGNATURE M. A. Nevins
24. FUNERAL DIRECTOR
ADDRESS John D Williams Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01969

1991

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe Mills
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Easton RD#1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe Mills
STREET ADDRESS (If rural give location) Easton RD#1

3. NAME OF DECEASED: (Type or Print) (First) W. (Middle) Herbert (Last) Griffith

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 24, 1880

9. AGE Last birthday: 74 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate & Insurance

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Francis Griffith

14. MOTHER'S MAIDEN NAME: Eudemia Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Richard.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 602X Uremia — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Bilateral Kidney Calculus — 4 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 19 55, to 2-15, 19 55, that I last saw the deceased alive on 2-18, 19 55, and that death occurred at 4.30 P.M. from the causes and on the date stated above.

SIGNATURE W. H. Bucel (Degree or title) Md. ADDRESS Easton DATE SIGNED 2-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Feb. 22, 55 | NAME OF CEMETERY OR CREMATORY Odd Fellows Hill | LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/21/55 | REGISTRAR'S SIGNATURE M. H. Nevett

24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1992 01970

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Offord
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morris St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Offord
STREET ADDRESS (If rural give location) Morris St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Nicholas (Last) Hubbard

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 7 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Caroline Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Peter Hubbard

14. MOTHER'S MAIDEN NAME: Margaret Leonard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-22-4868

17. INFORMANT & ADDRESS: Mrs Florence Moore Hubbard, Offord, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 4 1/2 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis - generalized — —
DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1954, to Feb. 4, 1955, that I last saw the deceased alive on Feb. 4, 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. C. Palmer M. D.
ADDRESS Easton, Md
DATE SIGNED 2/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 9-1955
NAME OF CEMETERY OR CREMATORY Offord Cemetery
LOCATION (City, town, or county) (State) Offord, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/7/55
REGISTRAR'S SIGNATURE N. H. Nevitt

24. FUNERAL DIRECTOR John D. Williams
ADDRESS Easton, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1993 CERTIFICATE OF DEATH

01971

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman. | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wittman Post Office

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Talbot
STREET ADDRESS (If rural give location) Wittman Post Office

3. NAME OF DECEASED: (Type or Print) (First) LOUISE (Middle) M (Last) JACKSON

4. DATE OF DEATH: (Month) Jul (Day) 25 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept 7 1881 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Balto. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo Engelbach | 14. MOTHER'S MAIDEN NAME: Anna Schmidt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Charles H. Jackson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cirrhosis of Pancreas — Interval Between Onset And Death 5 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension Chronic Nephritis — 1 yrs

DUE TO (c) Deficiency

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50, to Jul 25, 19 55, that I last saw the deceased alive on Jul 25 1955 and that death occurred at 12 M., from the causes and on the date stated above.

SIGNATURE Guy McPherson M.D. (Degree or title) ADDRESS Wittman Md DATE SIGNED July 25 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF MAR-1-1955 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, Town, or County) Balto. (State)

DATE REC'D BY LOCAL REGISTRAR 7-28-55 | REGISTRAR'S SIGNATURE H. Hebron Deputy

24. FUNERAL DIRECTOR B.E. Hale | ADDRESS 1216 E West St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01972

1979

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 40 Easton — LENGTH OF STAY (in this place): 8 hrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 80 Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton 40 — STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED (Type or Print): (First) Olan (Middle) H. (Last) Judy

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 19 55

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D — 8. DATE OF BIRTH: Nov 3, 1885 — 9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia — 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jacob C. Judy

14. MOTHER'S MAIDEN NAME: Angleuci Hamstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Andrew Jones Wells

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Cerebral Hemorrhage	12 hours
IMMEDIATE CAUSE 420.0		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO	Arteriosclerotic Heart Disease with Hypertension and Myocardial Insufficiency	1 year
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Malignancy / Gastro-Intestinal	3 years

19A. DATE OF OPERATION: 2 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-55, to 2-16-55, that I last saw the deceased alive on 2/16/55, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE Frank E. Mason — M.D. — ADDRESS 18 W. Dover St Easton Md — DATE SIGNED 2-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/55	Fairview	Easton Md RD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/55	N.H. Neeree	Elbert Cook	Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01973

1980 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton Md.
LENGTH OF STAY (In this place) 4 hrs. 5 Mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester Md. RFD-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Lee

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Feb. 12, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min. 57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Mr. Vernon Wendell Lee

14. MOTHER'S MAIDEN NAME: Patricia Anne De Peu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Vernon Wendell Lee (Father)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 IMMEDIATE CAUSE (A) Intracranial hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Birth trauma DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1955 to 2/12, 1955, that I last saw the deceased alive on 2/12, 1955, and that death occurred at 6.28 P.M. from the causes and on the date stated above.

SIGNATURE Chas C. H. Edmunds M. D. ADDRESS Easton DATE SIGNED 16 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-14-55

NAME OF CEMETERY OR CREMATORY Shadeville Cemetery

LOCATION (City, town, or county) (State) Shadeville, Md.

DATE REC'D BY LOCAL REGISTRAR 2-13-55

REGISTRAR'S SIGNATURE N. L. Merrick

24. FUNERAL DIRECTOR ADDRESS W. Frampton Caudle, Easton, Md.

I 2025171394

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1994 01974

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 Box 61

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location) Route II Box 61

3. NAME OF DECEASED: (Type or Print) (First) CARROLL (Middle) S (Last) McDANIEL

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: ✓

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Motor Repairer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry McDaniel

14. MOTHER'S MAIDEN NAME: Sara Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Estelle McDaniel, Trappe, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 1/2 P M, from the causes and on the date stated above.

SIGNATURE Louis O'Neill M.D. DME M. D. ADDRESS Easton Md DATE SIGNED 3-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/23/54

NAME OF CEMETERY OR CREMATORY Trappe Cem.

LOCATION (City, town, or county) (State) Trappe Md.

DATE REC'D BY LOCAL REGISTRAR 2/22/55

REGISTRAR'S SIGNATURE T. A. Nevins

24. FUNERAL DIRECTOR James A Dorsett ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01976

1981

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Item 7, Film G177 2-21-55 et

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Riley Mr.

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 25, 1881

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10B. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas W. Riley

14. MOTHER'S MAIDEN NAME: Emma Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Edward Riley, Jr - (Son) Delaware 6805 Rockford avenue Holly Oak. Wilm. Del

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerosis, generalized — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21-, 1955 to 2-2-, 1955, that I last saw the deceased alive on 2-2-, 1955, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/4/55

NAME OF CEMETERY OR CREMATORY Offord Cemetery

LOCATION (City, town, or county) (State) Offord Md.

DATE REC'D BY LOCAL REGISTRAR 2-3-55

REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR ADDRESS Maurice E Stevens & Son

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01977

1982 Item 7, FilmG178 3-7-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 2days 17½ Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsbora, md. 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ~~Fred~~ Sculley (Middle) m (Last) ~~Sculley~~ Fred

4. DATE OF DEATH: (Month) february (Day) 19, (Year) 1955

5. SEX: ~~56~~ M
6. COLOR OR RACE: ~~74~~ W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 11 1899
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Sculley
14. MOTHER'S MAIDEN NAME: Sarah Wooleyhand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Sallie Sculley (wife) Goldsboro, Md.

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 414X IMMEDIATE CAUSE	(A)	Cardiac failure	7 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Rheumatic valvular heart disease	
	DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Pulmonary infarction	4 days

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Feb, 1955, to 19 Feb 55, 19....., that I last saw the deceased alive on 19 Feb, 1955, and that death occurred at 3 50 pm M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS Easton, Maryland DATE SIGNED 21 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/22/55
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REGISTRAR: 2-20-55
REGISTRAR'S SIGNATURE: N. H. Nevius
24. FUNERAL DIRECTOR: J. E. Boulais ADDRESS: Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1978

1983

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Church Hill) Price Md.
STREET ADDRESS (If rural give location) R.F.D. 2

3. NAME OF DECEASED: (Type or Print) (First) Cooper (Middle) (Last) Seney

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 1955

5. SEX: Male.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 2 1887

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Salisbury Seney.

14. MOTHER'S MAIDEN NAME: Annie G Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Mary Margaret Seney, wife Price Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

IMMEDIATE CAUSE (A) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerosis generalized — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1955, to 2/24, 1955, that I last saw the deceased alive on 2/22, 1955, and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE B Cox M. D. ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2/25/55 — NAME OF CEMETERY OR CREMATORY Church Hill — LOCATION (City, town, or county) (State) Church Hill Md.

DATE REC'D BY LOCAL REGISTRAR 2/23/55 — REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Edgar L Jane — ADDRESS Church Hill Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1984

CERTIFICATE OF DEATH

01979

Reg. Dist. No. 240

Item 7, Film 178 5-17-55 et

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 36 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Maryland 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Lee (Last) Simons

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farmes

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Simons

14. MOTHER'S MAIDEN NAME: Millie Lester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr Charles Hall Employer Easton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

IMMEDIATE CAUSE (A) Heart failure

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardiac Dilatation

DUE TO (C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19... , and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Richard Lee M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 2-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2-9-55

NAME OF CEMETERY OR CREMATORY Richards

LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 2/6/55

REGISTRAR'S SIGNATURE N. A. Nevers

24. FUNERAL DIRECTOR James B Darnell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01980

1985 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2015323363

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 1 day 17 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Skinner

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: January 31 55

9. AGE last birthday — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 41 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Martin W. Skinner

14. MOTHER'S MAIDEN NAME: Helen T. Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Martin Skinner (Same (Father)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7514

IMMEDIATE CAUSE (A) Internal hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Spina Bifida

(C) Meningo-Encephalocele

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31-55, to 2-1-55, that I last saw the deceased alive on 2-1-55, and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE Donald F. Bartley M. D. ADDRESS Easton, Md. DATE SIGNED 2-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2-4-55 NAME OF CEMETERY OR CREMATORY St. Michaels LOCATION (City, town, or county) (State) St. Michaels Md

DATE REC'D BY LOCAL REGISTRAR 2-2-55 (REGISTRAR'S SIGNATURE) N. H. Meeres

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01981

1995 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20741714 34

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rout 3 Box 166D

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton 05x-2
STREET ADDRESS (If rural give location) Church St. √

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) westley (Last) Standford
4. DATE OF DEATH: (Month) FEB. (Day) 11 (Year) 1955
5. SEX: male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Single
8. DATE OF BIRTH: 7/6/54
9. AGE last birthday: 7 mo. IF UNDER 1 YEAR: Months 7 Days 5 IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Johnswestley Seth
14. MOTHER'S MAIDEN NAME: Dorthy Standford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S ADDRESS: Elyzabith Seth

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
491X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1955 to Feb 10, 1955, that I last saw the deceased alive on Feb 10, 1955, and that death occurred at 9 P M, from the causes and on the date stated above.
SIGNATURE Robert H. Knapp M. D. ADDRESS Greensboro Md DATE SIGNED 2-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-14-55
NAME OF CEMETERY OR CREMATORY Chapel Cemetery
LOCATION (City, town, or county) (State) Chapel Md.

DATE REC'D BY LOCAL REGISTRAR 2-12-55
REGISTRAR'S SIGNATURE M. H. Meares
24. FUNERAL DIRECTOR James B. Horsfield ADDRESS Easton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01982

1996 **CERTIFICATE OF DEATH**

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Oxford
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Tilghman st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester 75x.3
STREET ADDRESS (If rural give location) 165 townson st. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) T. (Last) Starkey

4. DATE OF DEATH: (Month) 2 (Day) 8 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 5/2/88 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Concrete Helper
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Starkey
14. MOTHER'S (MAIDEN NAME): Mary Starkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Margret Starkey Oxford Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at C/A M, from the causes and on the date stated above.

SIGNATURE Louis Welty D M E M. D. ADDRESS Easton Md DATE SIGNED 2-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 2/12/55 | NAME OF CEMETERY OR CREMATORY: Smyrna Cemetery | LOCATION (City, town, or county) (State): Smyrna Del.

DATE REC'D BY LOCAL REGISTRAR: 2/12/55 | REGISTRAR'S SIGNATURE: M. A. Nevins | 24. FUNERAL DIRECTOR: James E. Starkiell ADDRESS: Easton, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.